STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	(s) _Martha Wood				
II. Name of lobbyist	's partnership, firm or	corporation, if any:			
	Insurance and Annui		IAA)		
(Na	nme of partnership, firm or o	corporation)			
730 Third Aven		New York	N.Y.	10017	
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)	
(212)9 <u>16-6232</u>	((Fax)	e-mail <u>mlw</u>	ood@TIAA.ORG	
(Telephone)		(Fax)			
				may file a separate report for	
reportable expense	transactions which are	not attributable to a	any one client).		
X All reportable tr	ansactions occurring in the	ne months prior to the	e reporting date relative	to the following client:	
•	_		-		
Teachers	Insurance and Annu (Full Name of Client as				
<u>OR</u>	(, ,		
	nsactions by the lobbyist	(including the lobby	ist's family), or the lobb	ying firm listed below which are	
unrelated to any part	icular client.				
IV. Date of Report	April 26, 2017		July 26, 2017 🛚		
			activity from 4/1/17 to 6/30/17		
		October 25, 2017		January 31, 2018 🛚	
	activity from 7/1/17 to 9/			ctivity from 10/1/17 to 12/31/17	
				ce the last report. X ce, State House, Room 204,	
VI. Chack if additic	onal reports are attache	d•			
	ived fees or made expend		Addendum A- Fees an	d Expenses	
•	•	•		- Report of Honorariums or	
Expense Reimburser					
☐ If you, your firm	n, or your family has mad	le political contributi	ons, you must file Adde	ndum C- Political Contributions	
Swarn Statement/A	Affirmation by Lobbyist				
I have read RSA 15,	RSA 15-B, RSA 14-C a	nd RSA 664 and here	eby swear or affirm that	the foregoing information is true	
and complete to the	best of my knowledge an	d belief.			
Maldi	's weed			1/17/18	
(Signature of lobby	ist)			(Date) /	
Martha Wood				RECEIVI	
(Print Name of lobb	oyist)			INLUCIVI	

JAN 18 2018